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EXAMINER
MORGAN, ROBERT W

ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Office Action Summary	09/751,815	ANDROS ET AL.
	Examiner	Art Unit	
	ROBERT W. MORGAN	3626	

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on <u>13 August 2008</u>.
2a) ☐ This action is **FINAL**.   2b) ☒ This action is non-final.
3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) <u>1-3,5-16 and 18-45</u> is/are pending in the application.
    4a) Of the above claim(s) _____ is/are withdrawn from consideration.
5) ☐ Claim(s) _____ is/are allowed.
6) ☒ Claim(s) <u>1-3,5-16 and 18-45</u> is/are rejected.
7) ☐ Claim(s) _____ is/are objected to.
8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.
10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
    a) ☐ All   b) ☐ Some * c) ☐ None of:
        1. ☐ Certified copies of the priority documents have been received.
        2. ☐ Certified copies of the priority documents have been received in Application No. _____.
        3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail. Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1.   A request for continued examination under 37 CFR 1.114, including the fee set forth in

37 CFR 1.17(e), was filed in this application after final rejection. Since this application is

eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e)

has been timely paid, the finality of the previous Office action has been withdrawn pursuant to

37 CFR 1.114. Applicant's submission filed on 8/13/08 has been entered.

Notice to Applicant

2.   This communication is in response to the amendment filed 8/13/08, the following has

occurred: Claims 1, 8, 9, 14, 21, 22, 30, 41 and 45 have been amended. Claims 1-3, 5-16 and 18-

41 are presented for examination.

Specification

3.   The amendment filed 9/4/07 is objected to under 35 U.S.C. 132 because it introduces new

matter into the disclosure. 35 U.S.C. 132 states that no amendment shall introduce new matter

into the disclosure of the invention. The added material which is not supported by the original

disclosure is as follows:

The newly added recitation of "automatically generating a different combination or

permutation of characters of a character string of at least one of the said data items and repeating

step (a)-(d)…until a match occurs" within claim 1 and similar changes in claims 8, 9, 14, 21, 22,

30, 41 and 45 appears to constitute new matter. In particular, Applicant does not point to, nor

was the Examiner able to find, any support for the automatically generating a different

combination or permutation of characters of a character string within the specification as

originally filed. As such, Applicant is respectfully requested to clarify the above issues and to

specifically point out support for the newly added limitations in the originally filed specification

and claims.

Applicant is required to cancel the new matter in the reply to this Office action.

4.   The following is a quotation of the first paragraph of 35 U.S.C. § 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

5.   The specification is objected to under 35 U.S.C. § 112, first paragraph, because the

specification, as originally filed, does not provide support for the invention as is now claimed for

the reasons given in section 3 above.

Claim Rejections - 35 USC § 112

6.   Claims 1, 8, 9, 14, 21, 22, 30, 41 and 45 are rejected under 35 U.S.C. 112, first paragraph,

as containing subject matter which was not described in the specification in such a way as to

reasonably convey to one skilled in the relevant art that the inventor(s), at the time the

application was filed, had possession of the claimed invention and for the reasons set forth in the

objection to the specification above.

Claim Rejections - 35 USC § 103

7.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person

having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the
manner in which the invention was made.

8.   Claims 1-3, 5, 14-16, 18 and 38-45 are rejected under 35 U.S.C. 103(a) as being

unpatentable over U.S. Patent No. 5,774,671 to Satoh in view of U.S. Patent No. 5,832,447 to

Rieker et al.

As per claim 1, Satoh teaches the steps of receiving from a requesting computer a request

for consumer information from a user (the request identifying a customer) and retrieving the

requested consumer information corresponding to the identified consumer from at least one

network location (the consumer information comprises at least one data item) (Col.1, Ln. 59-Col.

2, Ln. 13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach:

--the claimed retrieving including search of eligibility information stored at each of said

plurality of different network location, said search being based upon said plurality of data items

and performed to determine whether said consumer has medical insurance coverage and, if so,

with which of a plurality of different insurers;

--the claimed verifying the identity of said consumer of medical services from at least one

other network location, said verifying including a search of consumer identity verification

information stored at a different plurality of network locations located remote from one another,

said search of identity verification information being based upon at least one additional data

item;

--the claimed using a transfer agent containing a plurality of different data structures

associating different requestors of medical insurance information with different computer

programs, organizing and formatting the retrieved medical insurance information based upon a

predefined data structure uniquely associated with a particular requestor who requested the

medical information, and transferring at least one of said data items to a corresponding field in a

user interface of a computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the requestor; and

    --the claimed if at least a portion of said medical insurance information or said

verification information retrieved from said different network locations does not match or is

inconsistent with medical insurance or verification information retrieved from another of said

plurality of different locations or with medical insurance or verification information previously

supplied by said consumer of medical services, automatically generating a different combination

or permutation of characters of a character string of at least one of said data items and repeating

steps (a)-(d) using the different combination or permutation of characters until a match occurs.

    Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Furthermore, Rieker teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker teaches at control process (174, 7F) information is checked by comparing the format of received message containing eligibility information against format standards for the particular gateway (116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174, Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10, lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-specific information and if there is an error such that the information does not match the process is returned to block 252 (see: column 11, lines 52-58). Moreover, Rieker teaches that at Block 256, attempts are made to choose, from various information inputted, the appropriate information for verifying eligibility (see: column 8, lines 61-63). The Examiner considers that different attempts to select the appropriate information for eligibility as "automatically generating a different combination or permutation of characters of a character string of at least one of said data items and repeating steps (a)-(d) using the different combination or permutation of characters until a match occurs".

Therefore, it would have been obvious to a person of ordinary skill in the art the invention was made to include a plurality of network locations located remote from one another to retrieve and verify consumer eligibility as taught by Rieker with the system as taught by the Satoh with the motivation of obtaining timely, accurate and complete health insurance eligibility information for each incoming patient (see: Rieker: column 1, lines 28-31).

As per claim 2, in Satoh the user is authenticated (Col. 4, Ln. 31-39).

As per claim 3, in Satoh the user information comprises demographic information (Figure 8 and Col. 4, Ln. 32-42).

As per claim 5, in Satoh the user is provided information regarding services (Col. 1, Ln. 59-Col. 2, Ln. 13) and the examiner takes the position that it is within the scope of Satoh that these services include consumer insurance and credit card information.

As per claim 14, which is directed towards a machine readable storage medium, Satoh teaches the steps of retrieving the requested consumer information corresponding to the identified consumer from at least one network location (the consumer information comprises at least one data item) (Col.1, Ln. 59-Col. 2, Ln. 13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach:

--the claimed receiving from a requesting computer a request for consumer medical insurance information, said request being received at a plurality of different network locations remote from one another; and

--the claimed retrieving including search of eligibility information for at least two insurance carriers to determine medical insurance coverage.

--the claimed using a transfer agent containing a plurality of different data structures associating different requestors of medical insurance information with different computer programs, and organizing and formatting the retrieved medical insurance information based upon a predefined data structure uniquely associated with a particular requestor who requested the medical information, and transferring at least one of said data items to a corresponding field in a user interface of a computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the requestor.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Furthermore, Rieker teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as

the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker

teaches at control process (174, 7F) information is checked by comparing the format of received

message containing eligibility information against format standards for the particular gateway

(116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174,

Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10,

lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches

insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-

specific information and if there is an error such that the information does not match the process

is returned to block 252 (see: column 11, lines 52-58). Moreover, Rieker teaches that at Block

256, attempts are made to choose, from various information inputted, the appropriate information

for verifying eligibility (see: column 8, lines 61-63). The Examiner considers that different

attempts to select the appropriate information for eligibility as "the consumer being identified by

at least one data item…character strings" and "wherein different combination or

permutations…at least one data item occurs".

Therefore, it would have been obvious to a person of ordinary skill in the art the

invention was made to include a plurality of network locations located remote from one another

to retrieve and verify consumer eligibility as taught by Rieker with the system as taught by the

Satoh with the motivation of obtaining timely, accurate and complete health insurance eligibility

information for each incoming patient (see: Rieker: column 1, lines 28-31).

As per claim 15, in Satoh the user is authenticated (Col. 4, Ln. 31-39).

As per claim 16, in Satoh the user information comprises demographic information

(Figure 8 and Col. 4, Ln. 32-42).

As per claim 18, in Satoh the user is provided information regarding services (Col. 1, Ln.

59-Col. 2, Ln. 13) and the examiner takes the position that it is within the scope of Satoh that

these services include consumer insurance and credit card information.

As per claim 38, Satoh teaches that user information comprises demographic information

(see: Satoh: Figure 8 and Col. 4, Ln. 32-42). In addition, Satoh teaches the steps of retrieving the

requested consumer information corresponding to the identified consumer from at least one

network location (the consumer information comprises at least one data item) (see: Satoh: Col.1,

Ln. 59-Col. 2, Ln. 13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach the claimed retrieving information relating to said consumer of

medical services if said consumer is determined, based upon retrieved consumer medical

insurance information, not to be insured by at least one medical insurer, said information being

retrieved from another plurality network locations located remotely from one another; and

--the claimed determining a creditworthiness of said consumer based upon retrieved

information.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors (carriers) computers to be remotely located and

include a database of consumer eligibility files used for verification. Furthermore, Rieker teaches

that the real-time insurance eligibility information allows health care provider to ask patient

about alternate insurance/payment ability if asserted insurance eligibility is not verified (see:

column 4, lines 45-48).

Therefore, it would have been obvious to a person of ordinary skill in the art the

invention was made to include a plurality of network locations located remote from one another

to retrieve and verify consumer eligibility as taught by Rieker with the system as taught by Satoh

with the motivation of obtaining timely, accurate and complete health insurance eligibility

information for each incoming patient (see: Rieker: column 1, lines 28-31).

As per claim 39, Satoh fails to explicitly teach electronically generating an appointment

schedule and billing form for said consumer if said consumer is determined based upon retrieved

consumer medical insurance information to be insured by at least one medical insurer.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including a billing record (702, Fig. 9D) that includes a date/time stamp

field (704, Fig. 9D) and patient request ID request field (706, Fig. 9D) (see: column 12, lines 21-

24). The Examiner considers the billing record (billing form) to also include an appointment

schedule.

The motivation to combining the teachings of Rieker with the system as taught by Satoh

are discussed in rejection of claim 1, and incorporated herein.

As per claim 40, Satoh teaches the steps of retrieving the requested consumer information

corresponding to the identified consumer from at least one network location (the consumer

information comprises at least one data item) (Col.1, Ln. 59-Col. 2, Ln. 13 and Col. 5, Ln. 65-

Col. 6, Ln. 17).

Satoh fails to teach:

--the claimed retrieving including search of eligibility information relating to at least two

insurance carriers to determine medical insurance coverage being stored at each of said plurality

of different network location to determine whether said consumer has medical insurance

coverage and, if so, with which insurer, said retrieved consumer medical insurance information

comprising at least medical insurance eligibility information relating to said consumer;

(c) verifying the identity of said consumer from at least one over network location;

(d) defining a creditworthiness of said consumer if, based upon retrieved consumer

medical insurance information said consumer is determined not to be insured by at least one

medical insurer, said determining being based upon credit information retrieved from at least one

of a different plurality of network locations and including a search of credit information specific

to the verified identity of said consumer, said credit information being stored at one or more of

said different plurality of network location;

e) using a transfer agent containing a plurality of different data structures associated

different requestors of demographic information and medical insurance information with

different computer programs to organized and format said retrieved consumer demographic

information and said consumer medical insurance information based upon a predefined data

structure associated with a particular requestor who requested the medical insurance information,

and transferring at least one data item from the retrieved consumer information to a

corresponding field in a user interface in a requesting computer based upon the predefined data

structure, the predefined data structure indicating one or more types of information and a data

presentation format pre-selected by the consumer; and

f) electronically generating an appointment schedule and billing form for said consumer

if said consumer is determined based upon retrieved information to be insured by at least one

medical insurer and/or to be creditworthy.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification. Additionally, Rieker teaches that the

real-time insurance eligibility information allows health care provider to ask patient about

alternate insurance/payment ability if asserted insurance eligibility is not verified (see: column 4,

lines 45-48). The Examiner considers that during the verification of health insurance eligibility a

creditworthiness check is perform, before asking the patient about alternate payment options.

Furthermore, Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including a billing record (702, Fig. 9D) that includes a date/time stamp

field (704, Fig. 9D) and patient request ID request field (706, Fig. 9D) (see: column 12, lines 21-

24). The Examiner considers the billing record (billing form) to also include an appointment

schedule. Rieker also teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as

the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker

teaches at control process (174, 7F) information is checked by comparing the format of received

message containing eligibility information against format standards for the particular gateway

(116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174,

Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10,

lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches

insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-

specific information and if there is an error such that the information does not match the process

is returned to block 252 (see: column 11, lines 52-58).

The motivation to combining the teachings of Rieker with the system as taught by Satoh

are discussed in rejection of claim 1, and incorporated herein.

As per claim 41, Satoh teaches the steps of receiving from a requesting computer a

request for consumer information from a user (receiving a common identifier associated with the

consumer) and retrieving the requested consumer information corresponding to the identified

consumer from at least one network location (the consumer information comprises at least one

data item) (Col.1, Ln. 59-Col. 2, Ln. 13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach:

--the claimed searching a plurality of medical insurance databases stored in a plurality of

network-connected nodes located remotely from one another to determine whether the consumer

identified by the common identifier is covered under one or more insurance plans identified by at

least one insurance plan data item represented by at least one character string, wherein the

searching comprises repeatedly generating different combination or permutations of the at least

one character string representing the common identifier and re-searching the plurality of medical

insurance database until a match occurs between the at least one character string representing the

common identifier and the at least one character string representing the at least one insurance

plan data item or until a predetermined number of searches has been performed;

--the claimed if no determination is made that the consumer is covered by at least one

insurance plan, obtaining at least one supplemental identifier corresponding to the common

identifier and re-searching each of the plurality of medical insurance databases to determine

based upon the at least one supplemental identifier whether the consumer identified by the

common identifier is covered under one or more insurance plans, wherein the plurality of

medical insurance databases is re-searched at least once using each supplemental identifier

obtained;

--the claimed searching a plurality of consumer information databases not associated with

the medical insurance databases to identify consumer information corresponding to the

consumer, and comparing data obtained from the consumer information databases with data

obtained from the medical insurance databases to identify whether any data discrepancies occur;

--the claimed if at least one data discrepancy is identified, repeating the searching steps

until the at least one discrepancy is resolved; and

--the claimed determining which medical insurance plan provides primary coverage if the

consumer is covered by more than one medical insurance plan.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Furthermore, Rieker teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as

the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker

teaches at control process (174, 7F) information is checked by comparing the format of received

message containing eligibility information against format standards for the particular gateway

(116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174,

Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10,

lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches

insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-

specific information and if there is an error such that the information does not match the process

is returned to block 252 (see: column 11, lines 52-58). Moreover, Rieker teaches that at Block

256, attempts are made to choose, from various information inputted, the appropriate information

for verifying eligibility (see: column 8, lines 61-63). The Examiner considers that different

attempts to select the appropriate information for eligibility as "the common identifier

represented by at least one character string" and "identified by at least one insurance....or until a

predetermined number of searches has been performed".

The obviousness of combining the teachings of Rieker with the system as taught by Satoh

are discussed in the rejection of claim 1, and incorporated herein.

As per claim 42, Rieker teaches claimed receiving step comprises receiving at least one of

a name, a social security number, a credit card number, a telephone number associated with the

consumer, a name of an individual related to the consumer, and an alias for the consumer. This

limitation is met by at block 256 where requesting insurance eligibility verification is performed

using a patient's name or if the patient is minor using additional information such as the name of

responsible party (parent's name) (see: column 8, lines 50-61)

As per claim 43, Satoh and Rieker teach the claimed highlighting pre-selected data

obtained from at least one of the plurality of medical insurance databases, wherein the pre-

selected data is pre-selected by a particular medical service provider requesting medical

insurance information. This limitation is met by the data gateway (116, Fig. 2) that has access to

and provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: Rieker: column 5, lines 66 to column 6, lines 3 and Fig. 2).

The Examiner considers each insurance payors computers to be remotely located and include

databases of consumer eligibility files used for verification from different insurance carriers. In

addition, Satoh and Rieker teach at block 256 where requesting insurance eligibility verification

is performed using a patient's name or if the patient is minor using additional information such

as the name of responsible party (parent's name) (see: Rieker: column 8, lines 50-61). The

Examiner considers the selected patient's name or the name of responsible party as highlighted

information.

As per claim 44, Satoh and Rieker teaches data gateway (116, Fig. 2) that has access to

and provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: Rieker: column 5, lines 66 to column 6, lines 3 and Fig. 2).

The Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Satoh and Rieker fail to teach the claimed pre-selected data comprises at least one of co-

pay data and remaining deductible data.

However, it is well known in the medical industry to receive data from medical databases that include co-pay data and remaining deductible data to insure the accuracy of patient's expense and medical insurance company's expenses. Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include selecting and receiving co-pay data with system as taught by Satoh and Rieker with the motivation of providing the patient and physician with reliable and dependable medical insurance information thereby assisting the physician in giving the best medical treatment to the patient.

As per claim 45, Satoh teaches the steps of receiving from a requesting computer a request for consumer information from a user (receiving a plurality of data items from at least one of the medical insurance databases) and retrieving the requested consumer information corresponding to the identified consumer from at least one network location (Col.1, Ln. 59-Col. 2, Ln. 13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach:

--the claimed in response to a query to plurality of medical insurance databases stored in a plurality of network-connected nodes located remotely from one another, searching the plurality of medical insurance data items based upon a common identifier to determine whether a consumer identified by the common identifier is covered under one or more insurance plans;

--the claimed if no determination is made that the consumer is covered by at least one insurance plan, obtaining at least one supplemental identifier corresponding to the common identifier and re-searching each of the plurality of medical insurance databases to determine based upon the at least one supplemental identifier whether the consumer identified by the common identifier is covered under one or more insurance plans, wherein the plurality of

medical insurance databases is re-searched at least once using each supplemental identifier

obtained; and

--the claimed determining which medical insurance plan provides primary coverage if

the consumer is covered by more than one medical insurance plan.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Furthermore, Rieker teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as

the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker

teaches at control process (174, 7F) information is checked by comparing the format of received

message containing eligibility information against format standards for the particular gateway

(116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174,

Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10,

lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches

insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-

specific information and if there is an error such that the information does not match the process

is returned to block 252 (see: column 11, lines 52-58). Moreover, Rieker teaches that at Block

256, attempts are made to choose, from various information inputted, the appropriate information

for verifying eligibility (see: column 8, lines 61-63). The Examiner considers that different

attempts to select the appropriate information for eligibility as "each of the medical insurance

data items being represented by at least one character string" and "wherein the searching

comprises repeatedly generating different combination or permutations….until a predetermined

number of searches has been performed".

    The obviousness of combining the teachings of Rieker with the system as taught by Satoh

are discussed in the rejection of claim 1, and incorporated herein.

8.   Claims 7 and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Patent

No. 5,774,671 to Satoh in view of U.S. Patent No. 5,832,447 to Rieker et al. as applied to claim 1

above, and further in view of U.S. Patent No. 5,675,637 to Szlam et al.

    As per claims 7 and 20, Satoh and Rieker fail to teach uses screen scraping technology.

    Szlam teaches a method for automatically obtaining and presenting data from multiple

data sources using a screen-scraping feature (see: Col. 12, Ln. 4-28 and Col. 17, Ln. 53-Col. 18,

Ln. 5).

    At the time the invention was made, it would have been obvious to one of ordinary skill

in the art to have included the screen-scraping feature as taught in Szlam with the system as

taught by Satoh and Rieker with the motivation of provided the user with a method for

consolidating multiple sources of information located on various screens as recited in Szlam

(Col. 5, Ln. 25-Col. 6, Ln. 18).

9.   Claims 6 and 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent

No. 5,774,671 to Satoh in view of U.S. Patent No. 5,832,447 to Rieker et al. as applied to claim 1

above, and further in view of U.S. Patent No. 6,349,299 to Spencer.

        Satoh and Rieker fail to teach the step of presenting the retrieved consumer information

to the user and provider for verification.

        Spencer teaches a system and method for storing electronic contact information into an

electronic address book where at step 120, for example, a graphical user interface may be used to

display to user any change of information (see: column 10, lines 12-27). The Examiner considers

the user to also be a provider.

        At the time the invention was made, it would have been obvious to one of ordinary skill

in the art to have including the user verification feature as taught by Spencer with the system of

Satoh and Rieker with the motivation of providing an additional level of security thereby

preventing unauthorized access.

10.   Claims 9-13 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent

No. 4,876,643 to McNeill in view of U.S. Patent No. 5,832,447 to Rieker et al.

        McNeill is directed towards a parallel searching system having a master processor for

controlling plural slave processors for independently processing respective search requests.

        As per claims 9-13, which are directed towards a system for collecting and providing

consumer information to a user, McNeill teaches a buffer for receiving a user request for

information from a requesting computer and for receiving consumer from a specified network

location. McNeill also teaches an information matching system for retrieving the consumer

information and a transfer agent (bus) for transferring at least one item of the consumer

information in the retrieved consumer information to a corresponding field in a user interface in

the requesting computer (Abstract and Col. 3, Ln. 35-50).

McNeill does not expressly teach the specific data recited in claims 9-13; however, these

differences are only found in the non-functional descriptive material and are not functionally

involved in the steps recited nor do they alter the recited structural elements. The recited method

steps would be performed the same regardless of the specific data. Further, the structural

elements remain the same regardless of the specific data. Thus, this descriptive material will not

distinguish the claimed invention from the prior art in terms of patentability, *see Cf. In re*

Gulack, 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579,

32 USPQ2d 1031 (Fed. Cir. 1994).

McNeill fail to teach:

--the claimed receiving a request received at a plurality of different network locations

remote from one another relating to at least two insurance carriers to determine medical

insurance coverage; and

--the claimed using a transfer agent containing a plurality of different data structures

associating different requestors of medical insurance information with different computer

programs, and organizing and formatting the retrieved medical insurance information based upon

a predefined data structure uniquely associated with a particular requestor who requested the

medical information, and transferring at least one of said data items to a corresponding field in a

user interface of a computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the requestor.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors computers to be remotely located and include a

database of consumer eligibility files used for verification from different insurance carriers.

Furthermore, Rieker teaches at block 256 where requesting insurance eligibility verification is

performed using a patient's name or if the patient is minor using additional information such as

the name of responsible party (parent's name) (see: column 8, lines 50-61). Additionally, Rieker

teaches at control process (174, 7F) information is checked by comparing the format of received

message containing eligibility information against format standards for the particular gateway

(116, Fig. 2) (transfer agent) and assuming all information is correct the control process (174,

Fig. 7F) generates a response (see: column 11, lines 65 to column 12, lines 5 and column 10,

lines 56-58). In addition, Rieker teaches that at block 350 the control process 174 matches

insurance eligibility information from the appropriate data in gateway (116, Fig. 2) with patient-

specific information and if there is an error such that the information does not match the process

is returned to block 252 (see: column 11, lines 52-58).

Therefore, it would have been obvious to a person of ordinary skill in the art the

invention was made to include a plurality of network locations located remote from one another

to retrieve and verify consumer eligibility as taught by Rieker within parallel searching system as

taught by McNeill et al. with the motivation of obtaining timely, accurate and complete health

insurance eligibility information for each incoming patient (see: Rieker: column 1, lines 28-31).

11.   Claims 8 and 21 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S.

Patent No. 5,774,671 to Satoh, U.S. Patent No. 6,349,299 to Spencer, U.S. Patent No. 5,675,637

to Szlam et al. in view of U.S. Patent No. 5,832,447 to Rieker et al.

Claim 8 is directed towards a method for collecting and providing consumer demographic

information and consumer insurance information to a user.

Satoh teaches the steps of a) receiving from a requesting computer a request for consumer

information from a user (the request identifying a customer) and b) retrieving the requested

consumer information corresponding to the identified consumer from at least one network

location (the consumer information comprises at least one data item) (Col. 1, Ln. 59-Col. 2, Ln.

13 and Col. 5, Ln. 65-Col. 6, Ln. 17).

Satoh fails to teach:

c) presenting the retrieved consumer information to the user for verification;

d) requesting from a plurality of different network locations remote from one another

medical insurance information for said identified consumer based upon a plurality of data items,

wherein each data item corresponds to a different one of a second plurality of attributes of the

identified consumer and comprises at least one character defining a character string;

e) retrieving including search of eligibility information relating to at least two insurance

carriers to determine medical insurance coverage being stored at each of said plurality of

different network location said search being based upon said second plurality of data items and

performed; and

  f) upon verification of said consumer medical information by said provider, using a

transfer agent containing a plurality of different data structures associated different requestors of

demographic information and medical insurance information with different computer programs

to organized and format said retrieved consumer demographic information and said consumer

medical insurance information based upon a predefined data structure associated with a

particular requestor who requested the medical insurance information, and transferring at least

one data item from the retrieved consumer information to a corresponding field in a user

interface in a requesting computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the consumer.

  Spencer teaches a system and method for storing electronic contact information into an

electronic address book where at step 120, for example, a graphical user interface may be used to

display to user any change of information (see: column 10, lines 12-27). The Examiner considers

the user to also be a provider.

  At the time the invention was made, it would have been obvious to one of ordinary skill

in the art to have including the user verification feature as taught by Spencer with the system of

Satoh with the motivation of providing an additional level of security thereby preventing

unauthorized access.

  Satoh teaches the step of d) receiving from a requesting computer a request for

information from a user (the request identifying a consumer) and e) retrieving the requested

consumer information corresponding to the identified consumer from at least one network

location (the consumer information comprising at least one data item) (Col. 3, Ln. 50-Col. 4, Ln.

19 and Col. 17, Ln. 63-Col. 18, Ln. 5).

   Satoh the user is provided information regarding services (Col. 1, Ln. 59-Col. 2, Ln. 13)

and the examiner takes the position that it is within the scope of Satoh that these services include

consumer insurance and credit card information.

   Satoh and Spencer fail to teach:

   e) retrieving including search of eligibility information relating to at least two insurance

carriers to determine medical insurance coverage being stored at each of said plurality of

different network location said search being based upon said second plurality of data items and

performed; and

   f) upon verification of said consumer medical information by said provider, using a

transfer agent containing a plurality of different data structures associated different requestors of

demographic information and medical insurance information with different computer programs

to organized and format said retrieved consumer demographic information and said consumer

medical insurance information based upon a predefined data structure associated with a

particular requestor who requested the medical insurance information, and transferring at least

one data item from the retrieved consumer information to a corresponding field in a user

interface in a requesting computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the consumer.

In Spencer, once the user has verified their demographic information, the information is
stored in a database (see: Col. 10, Ln. 23-27) but is not transferred to a field. However this
feature is well known in the art as evidenced by Szlam (Col. 12, Ln. 4-28 and Col. 17, Ln. 53-
Col. 18, Ln. 5).

Szlam teaches a method for automatically obtaining and presenting data from multiple
data sources using a screen-scraping feature (see: Col. 12, Ln. 4-28 and Col. 17, Ln. 53-Col. 18,
Ln. 5).

At the time the invention was made, it would have been obvious to one of ordinary skill
in the art to have included this screen-scraping feature as taught in Szlam with the system of
Satoh and Spencer with the motivation of provided the user with a method for consolidating
multiple sources of information located on various screens as recited in Szlam (Col. 5, Ln. 25-
Col. 6, Ln. 18).

Satoh, Spencer and Szlam fail to teach:

--the claimed retrieving including search of eligibility information relating to at least two
insurance carriers to determine medical insurance coverage being stored at each of said plurality
of different network location said search being based upon said second plurality of data items
and performed; and

--the claimed upon verification of said consumer medical information by said provider,
using a transfer agent containing a plurality of different data structures associated different
requestors of demographic information and medical insurance information with different
computer programs to organized and format said retrieved consumer demographic information
and said consumer medical insurance information based upon a predefined data structure

associated with a particular requestor who requested the medical insurance information, and

transferring at least one data item from the retrieved consumer information to a corresponding

field in a user interface in a requesting computer based upon the predefined data structure, the

predefined data structure indicating one or more types of information and a data presentation

format pre-selected by the consumer.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors (carriers) computers to be remotely located and

include a database of consumer eligibility files used for verification. In addition, Rieker teaches

that the data gateway (116, Fig. 2) has access to and provides information about insurance

eligibility, which is supplied from one or more health insurance payors (118, Fig. 2) (see: column

5, lines 66 to column 6, lines 3 and Fig. 2). The Examiner considers each insurance payors

computers to be remotely located and include a database of consumer eligibility files used for

verification from different insurance carriers. Furthermore, Rieker teaches at block 256 where

requesting insurance eligibility verification is performed using a patient's name or if the patient

is minor using additional information such as the name of responsible party (parent's name) (see:

column 8, lines 50-61). Additionally, Rieker teaches at control process (174, 7F) information is

checked by comparing the format of received message containing eligibility information against

format standards for the particular gateway (116, Fig. 2) (transfer agent) and assuming all

information is correct the control process (174, Fig. 7F) generates a response (see: column 11,

lines 65 to column 12, lines 5 and column 10, lines 56-58). In addition, Rieker teaches that at

block 350 the control process 174 matches insurance eligibility information from the appropriate

data in gateway (116, Fig. 2) with patient-specific information and if there is an error such that

the information does not match the process is returned to block 252 (see: column 11, lines 52-

58). Moreover, Rieker teaches that at Block 256, attempts are made to choose, from various

information inputted, the appropriate information for verifying eligibility (see: column 8, lines

61-63). The Examiner considers that different attempts to select the appropriate information for

eligibility as "represented as character strings" and "and if at least a portion of said demographic

information does not match….using the different combination or permutation of characters until

a match occurs".

        Therefore, it would have been obvious to a person of ordinary skill in the art the

invention was made to include a plurality of network locations located remote from one another

to retrieve and verify consumer eligibility as taught by Rieker with the system as taught by the

Satoh, Spencer and Szlam with the motivation of obtaining timely, accurate and complete health

insurance eligibility information for each incoming patient (see: Rieker: column 1, lines 28-31).

        As per claim 21, it repeats the subject matter of claim 8, as a "machine readable storage

having stored thereon a computer program" elements rather than a series of steps. As the

underlying processes of claim 8 has been shown to be obvious in view of the teachings of Satoh,

Spencer, Szlam and Rieker in the above rejections of claim 8, it is readily apparent that the

system disclosed by Satoh, Spencer, Szlam and Rieker includes machine readable storage having

stored thereon a computer program to perform these functions. As such, these limitations are

rejected of the same reasons given above for method claim 8, and incorporated herein.

12.   Claims 22-28 and 30-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over

U.S. Patent No. 5,070,452 to Doyle, Jr. et al. and U.S. Patent No. 5,832,447 to Rieker et al.

          As per claim 22, Doyle teaches the steps of receiving a list of one or more consumers

medical treatment for which insurance compensation is available (Col. 2, Ln. 42-64, Col. 5, Ln.

16-32 and Col. 5, Ln. 51-64), querying at least one of a plurality of network locations specifying

insurance eligibility information to determine whether one or more consumers is insured by the

insurance carrier (Figure 2B), and indicating which of the consumer of the list have insurance

(Figure 2B and Col. 5, Ln. 16-32).

          Doyle fails to teach:

          --the claimed searching a plurality of machine-readable databases separately stored at a

plurality network locations remotely located from one another and comprising insurance

eligibility information to determine whether one or more of the consumers is insured by at least

one medical insurance carrier; and

          --the claimed using a transfer agent containing a plurality of different data structures

associating different requestors of medical insurance information with different computer

programs, organizing and formatting the retrieved medical insurance information based upon a

predefined data structure uniquely associated with a particular requestor who requested the

medical information, and transferring at least one of said data items to a corresponding field in a

user interface of a computer based upon the predefined data structure, the predefined data

structure indicating one or more types of information and a data presentation format pre-selected

by the requestor.

Rieker teaches a system and method for providing real-time verification of health

insurance eligibility including personal computers (110, Fig. 2) establishing links (114, Fig. 2)

with appropriate data gateways (116, Fig. 2) in order to obtain information regarding the

eligibility of specific health care patient using an admission form (see: column 5, lines 34-44 and

Fig. 10). In addition, Rieker teaches that the data gateway (116, Fig. 2) has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors (carriers) computers to be remotely located and

include a database of consumer eligibility files used for verification. In addition, Rieker teaches

that the data gateway (116, Fig. 2) has access to and provides information about insurance

eligibility, which is supplied from one or more health insurance payors (118, Fig. 2) (see: column

5, lines 66 to column 6, lines 3 and Fig. 2). The Examiner considers each insurance payors

computers to be remotely located and include a database of consumer eligibility files used for

verification from different insurance carriers. Furthermore, Rieker teaches at block 256 where

requesting insurance eligibility verification is performed using a patient's name or if the patient

is minor using additional information such as the name of responsible party (parent's name) (see:

column 8, lines 50-61). Additionally, Rieker teaches at control process (174, 7F) information is

checked by comparing the format of received message containing eligibility information against

format standards for the particular gateway (116, Fig. 2) (transfer agent) and assuming all

information is correct the control process (174, Fig. 7F) generates a response (see: column 11,

lines 65 to column 12, lines 5 and column 10, lines 56-58). In addition, Rieker teaches that at

block 350 the control process 174 matches insurance eligibility information from the appropriate

data in gateway (116, Fig. 2) with patient-specific information and if there is an error such that

the information does not match the process is returned to block 252 (see: column 11, lines 52-

58). Moreover, Rieker teaches that at Block 256, attempts are made to choose, from various

information inputted, the appropriate information for verifying eligibility (see: column 8, lines

61-63). The Examiner considers that different attempts to select the appropriate information for

eligibility as "represented by at least one information data item comprising one or more character

strings" and "for each consumer, automatically generating different combinations or

permutations…until a predetermined number of searches for a particular has been performed".

      Therefore, it would have been obvious to a person of ordinary skill in the art the

invention was made to include a plurality of network locations located remote from one another

to retrieve and verify consumer eligibility as taught by Rieker within the computerized insurance

claim processing system as taught by the Doyle with the motivation of obtaining timely, accurate

and complete health insurance eligibility information for each incoming patient (see: Rieker:

column 1, lines 28-31).

      As per claim 23, Rieker teaches a data gateway (116, Fig. 2) that has access to and

provides information about insurance eligibility, which is supplied from one or more health

insurance payors (118, Fig. 2) (see: column 5, lines 66 to column 6, lines 3 and Fig. 2). The

Examiner considers each insurance payors (carriers) computer (databases) to be a plurality of

network location.

As per claim 24, in the system of Doyle, for the consumers having insurance, the system specifies which insurance carrier provides insurance for the consumer (Col. 2, Ln. 42-64 and Col. 5, Ln. 16-32).

As per claim 25, the system of Doyle determines that at least one of the consumers is insured by two or more insurance carriers (Col. 2, Ln. 16-32).

As per claims 26-28, Doyle and Rieker fail to teach, per se, the concept of specifying which insurance carriers provide insurance and which carrier is a primary carrier. However Doyle and Rieker teaches that the insurance administration database contains a listing of the dollar amounts payable for a given type of diagnosis (see: Doyle: Col. 2, Ln. 59-64). The examiner takes the position that from the information in Doyle a user can determine which insurance carrier is the primary carrier (assuming the primary carrier while contain the highest dollar amounts payable of all the insurance carriers).

As per claim 30, it repeats the subject matter of claim 22, as a "machine readable storage having stored thereon a computer program" elements rather than a series of steps. As the underlying processes of claim 22 has been shown to be obvious in view of the teachings of Doyle and Rieker in the above rejections of claim 8, it is readily apparent that the system disclosed by Doyle and Rieker includes machine readable storage having stored thereon a computer program to perform these functions. As such, these limitations are rejected of the same reasons given above for method claim 22, and incorporated herein.

As per claims 31-36, they are rejected for same reasons set forth in rejection of claims 23-28.

13.   Claims 29 and 37 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S.

Patent No. 5,070,452 to Doyle, Jr. et al. and U.S. Patent No. 5,832,447 to Rieker et al. as applied

to Claim 22, above, and in further view of US Patent Number 6,694, 362 to Secor.

        Doyle and Rieker fails to teach the step of determining that at least one item of

supplemental consumer information for one or more consumers is missing from the list of

consumers and querying at least one of a plurality of network locations specifying demographic

information to locate at least one of the missing items of supplemental consumer information.

        Secor teaches a method and system for network impact analysis, teaches a feature which

determines that data is missing and a feature known as an "Action Tree" is used to query the

appropriate data source to locate the missing information (Col. 8, Ln. 31-38).

        At the time the invention was made, it would have been obvious to one of ordinary skill

in the art to have included the "Action Tree" feature as taught by Secor with the system as taught

by the Doyle and Rieker with the motivation of 1) ensuring that all supplemental consumer

information on a given user was available to the system and 2) provide a means to obtain missing

information in obtain a complete record (these reasons are recited in Secor) (Col. 8, Ln. 30-46).

        As per claim 37, Doyle and Rieker fails to teach the step of determining that at least one

item of supplemental consumer information for one or more consumers is missing from the list

of consumers and querying at least one of a plurality of network locations specifying

demographic information to locate at least one of the missing items of supplemental consumer

information.

Secor teaches a method and system for network impact analysis and teaches a feature

which determines that data is missing and a feature known as an "Action Tree" is used to query

the appropriate data source to locate the missing information (Col. 8, Ln. 31-38).

The motivation to combining the teachings of Secor with the system as taught by Doyle

and Rieker are discussed in the rejection of claim 29, are incorporated herein.

Response to Arguments

14.   Applicant's arguments filed 9/4/07 have been fully considered but they are not

persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they

appear in the response filed 9/4/07.

In response to Applicant arguments, it is respectfully submits that the Examiner has

applied new passage and citation to the amended claims 1, 8, 9, 14, 21, 22, 30, 41 and 45 at the

present time. As such, Applicant's remarks with regard to the application of Satoh, Szlam, Doyle,

Secor, Spencer, McNeil and/or Rieker to the amended claims are addressed in the above Office

Action.

With regard to Reiker not teaches electronically searching different network-connected

databases in order to determine the 'creditworthiness" of a medical consumer. The Examiner

respectfully submits that Rieker teaches that the real-time insurance eligibility information

allows health care provider to ask patient about alternate insurance/payment ability if asserted

insurance eligibility is not verified (see: column 4, lines 45-48). The Examiner considers that

during the verification of health insurance eligibility a creditworthiness check is perform, before

asking the patient about alternate payment options. Furthermore, it is noted that the features upon

which Applicant relies (i.e., electronically <u>searching different network-connected databases</u> in

order to determine the 'creditworthiness" of a medical consumer) are not recited in the rejected

claim(s). Although the claims are interpreted in light of the specification, limitations from the

specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d

1057 (Fed. Cir. 1993).

Conclusion

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to ROBERT W. MORGAN whose telephone number is (571)272-

6773. The examiner can normally be reached on 9:00 a.m. - 5:30 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, C. Luke Gilligan can be reached on (571) 272-6770. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would

like assistance from a USPTO Customer Service Representative or access to the automated

information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Robert Morgan/
Primary Examiner, Art Unit 3626